

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/15/2019
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4						
5						
6						
7	1					
8	1					
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21	1					
22		1				
23	1					
24	1					
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32						
33	1					
34		1				
35						
36			1			
37						
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41			1			
42						
43						
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45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		34	←		←
TOTAL CLAIMS			38			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						